ADOPTION

THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT

Attached are the forms usually necessary to commence an action for Adoption.

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ADOPT-050	How to Adopt a Child in California	1
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ADOPT-210	Adoption Agreement	1
ADOPT-215	Adoption Order	1
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AD-1A	Parental Consent to Adoption (In California)	1
AD-1C	Parental Consent to Adoption (Outside California)	1
AD-2	Stepparent Adoption – Consent to Adoption by Parent Retaining Custody	1
AD-2A	Stepparent Adoption – Consent to Adoption by Parent in California Giving	
	Custody to Husband or Wife or Domestic Partner of Other Parent	1
AD-2B	Stepparent Adoption – Consent to Adoption by Parent Outside California	
	Giving Custody to Husband or Wife or Domestic Partner of Other Parent	1

ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and "NONE", "NOT APPLICABLE", or "UNKNOWN" typed in if required.

The following is an additional form that may be required.

AD-1F	Parental Consent to Adoption (Outside California in Armed Forces)
AD-2D	Stepparent Adoption – Consent to Adoption by Parent Outside California in Armed
	Forces Giving Custody to Husband or Wife or Domestic Partner of Other Parent
VS-44	Court Report of Adoption

How to Adopt a Child in California

In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1, and independent, agency, and international adoptions on page 2.

Stepparent/Domestic Partner Adoptions

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Web site: www.courtinfo.ca.gov

				_
1) Fill	Out	court	forms.
	,	out	Court	1011113

☐ ADOPT-200	Adoption Request	This tells the judge about you and the child you are adopting.
ADOPT-210	Adoption Agreement	This tells the judge that you and the child, if over 12, agree to the
		adoption. Fill it out, but do not sign it until the judge says so.
☐ ADOPT-215	Adoption Order	The judge signs this form if your adoption is approved.

2 Take your forms to court.

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or, if you have a lawyer or are using an agency, take the forms to them.

3 The social worker writes a report.

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

4 Go to court on the date of your hearing.

Bri	ng:
	The child you are adopting
	Form ADOPT-210
	Form ADOPT-215
	A camera, if you want a photo of you and your child with the judge
	Friends/relatives

How to Adopt a Child in California

Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms below. You can get them from the court clerk or from the California Courts Self-Help Web site: www.courtinfo.ca.gov

1	Fill out and file	court forms.	
	☐ ADOPT-200	Adoption Request	This tells the judge about you and the child you are adopting.
	☐ ADOPT-210	Adoption Agreement	This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge says so.
	☐ ADOPT-215	Adoption Order	The judge signs this form if your adoption is approved.
	☐ ADOPT-230	Adoption Expenses	This tells the judge about all your adoption expenses.
2	The social work	er writes a report.	
	the adopting paren	ts and the child. The socia will file the report and sen	port. This report gives important information to the judge about al worker will ask you questions. You may have to fill out forms. d you a copy. When you get the report, ask the clerk for a date for
3	Go to court on	the date of your hear	ing.
	Bring:		
	☐ The child you a	are adopting	
	☐ Form ADOPT-	210	
	☐ Form ADOPT-	215	
	☐ Form ADOPT-	230	
	☐ A camera, if you	u want a photo of you and	d your child with the judge
	☐ Friends/relative	S	
4	Is this an "open	n" adoption?	
	If you want your chadoption.	hild to have contact with l	nis or her birth family, fill out ADOPT-310, which asks for an open
5	If you are adopt	ting an Indian child	•
	Also fill out and br	ing:	
	☐ Form ADOPT-	220 Adoption of India	an Child

☐ Form ADOPT-225

Parent of Indian Child Agrees to End Parental Rights

OPT-200 Adoption Request	
If you are adopting more than one child, fill ou adoption request for each child.	ıt an
Your name(s) (adopting parent(s)): a	
b	
Relationship to child:	
Your address:	Court name and street address:
Street: State: Zip:	
Your phone #: ()	
Your lawyer (if you have one): (Name, address, phone and State Bar #):	2 #,
	Case Number:
Type of adoption: (Check one)	
Agency (name):	
Relative	
Independent	
International (name of agency):	
☐ Stepparent/Domestic Partner	
Information about the child:	
a. The child's new name will be:	e. Place of birth (if known):
b. Boy Girl	City:
c. Date of birth: Age:	State: Country: f. If the child is 12 or older, does the child agree to
d. Child's address (if different from yours):	the adoption? \square Yes \square No
1	City: State: Zip:
	Suite 2.ip
Child's name before adoption (Fill out ONLY if this is an independent, relative, or stepparent/domestic	
is an inaepenaent, relative, or stepparent/aomestic partner adoption.):	(To be completed by the clerk of the superior court if a hearing date is available.)
·	Hearing is get for:
Does the child have a legal guardian? \square Yes \square No	
If yes, attach a copy of the Letters of Guardianship	Hearing Date:Time:
and fill out below:	Dept.:Room:
a. Date guardianship ordered:	rame and address of court if different from above
b. County:	
c. Case number:	To the person served with this request: If you d
Is the child a dependent of the court? ☐ Yes ☐ No If yes, fill out below:	not come to this hearing, the judge can order the adoption without your input.
Juvenile case number:	
County:	<u> </u>

Clerk stamps below when form is filed.



ame(s):	Case Number:
Child may have Indian ance	estry:
	T-220, Adoption of Indian Child.
If this is an Agency Adopti	ion:
	rmation about the Adoption Assistance Program, Regional Center, and available through Medi-Cal or other programs. Yes No
Department of Social Se	al rights agree the child should be placed for adoption by the California ervices or a licensed adoption agency (Fam. Code, § 8700) and have signed a proved by the California Department of Social Services except:
Name:	Relationship to child:
Name:	Relationship to child:
If this is an Independent Ad	doption:
a. A copy of the Adoptive see Fam. Code, § 8802.)	Placement Agreement is attached. (Required in most independent adoptions;
	with the department or delegated county adoption agency information required e investigation of the proposed adoption. \square Yes \square No
c. All persons with parenta	al rights agree to the adoption and have signed the Adoptive Placement
Agreement Consent to A except:	Adoption on a form approved by the California Department of Social Services
Name:	Relationship to child:
	Relationship to child:
If this is a Stepparent/Dom	estic Partner Adoption:
	in state out of state
	to sign in the presence of the required official, the parent may sign his or tary. (Fam. Code, § 9003 (b).))
b. Adopting parents marrie (This does not affect the period.)	ed: (date) OR Domestic partnership registered: (date). e social worker's recommendation. Information is for court only. There is no wait
•	r biological father because the child was conceived by artificial insemination a medical doctor or a sperm bank. (Fam. Code, § 7613.)
Form ADOPT-310, Contac	ct After Adoption Agreement:
	et After Adoption Agreement: It be used \text{Will be filed at least 30 days before the adoption hearing}
☐ Is attached ☐ Will not☐ Undecided at this time	t be used \square Will be filed at least 30 days before the adoption hearing
☐ Is attached ☐ Will not☐ Undecided at this time Name of birth parents if yo	t be used \square Will be filed at least 30 days before the adoption hearing

A court anded the norante	al rights of	
A court ended the parents	•	child:
	_	child:
☐ I/We will ask the cou	art to end the parental rights of:	
	1 6	child:
		child:
Each of the following per year (Fam. Code, § 8604)	rsons with parental rights has not c (b)):	contacted his or her child in one
Name:	Relationship to	child:
Name:	Relationship to	child:
Each of the following per	rsons with parental rights has died:	:
. .	•	child:
	_	child:
b. Will treat the child ac. Will support and carI/We ask the court to app	re for the child prove the adoption and to declare the	to adopt the child. nat the adopting parent(s) and the child have the duties of this relationship, including the right
legal relationship of pare		
* *		
legal relationship of pareinheritance.	g you in this case, he or she must s	ign here:
legal relationship of pareinheritance.	g you in this case, he or she must s	ign here:
legal relationship of pare inheritance. If a lawyer is representing		•
legal relationship of pare inheritance. If a lawyer is representing	g you in this case, he or she must s	•
legal relationship of pare inheritance. If a lawyer is representing Date:	pe or print your name	Signature of Attorney for Adopting Parent are of California that the information in this form
legal relationship of pare inheritance. If a lawyer is representing Date:	pe or print your name f perjury under the laws of the Stat	Signature of Attorney for Adopting Parent are of California that the information in this form

DOPT-210 Adoption Agreem	nent Clerk stamps date here when form is filed.
Your names (adopting parents):	
a	
b	
Relationship to child:	
Your address (skip this if you have a lawyer):	:
Street:	
City: State:	_ Zip:
Your phone number: ()	Fill in court name and street address:
Your lawyer (if you have one): (Name, address State Bar number):	ess, phone number, and
Child's name:	Fill in case number:
Before adoption:	Case Number:
After adoption:	
Date of birth: Age:	
Date:)
Type or print your name	Signature of Child (child must sign at hearing if 12 or older; optional if child is under 12)
If only one adopting parent , read and sign be a. I am the adopting parent listed in 1, and	
(1) Be adopted and treated as my legal ch	-
	d of mine, including the right of inheritance.
Date:	•
Type or print your name	Signature of Adopting Parent (sign at hearing)
b. I am the spouse or state-registered domes adoption of the child.	stic partner of the adopting parent listed in 1, and I agree to his or he
Date:	
Type or print your name	Signature of Spouse or State-Registered Domestic Partne

			Case Number:			
our	name:					
5	If two adopting parents, read and sign below: We are the adopting parents listed in 1, and we agree t (1) Be adopted and treated as our legal child (Fam. Cod (2) Have the same rights as a natural child of ours, inclu-	le, § 8612(b));	heritance;			
	and I agree to the other parent's adoption of the child.					
	Date:					
	Type or print your name	<u> </u>	ting Parent (sign at hearing)			
	Type or print your name	Signature of Adop	ting Parent (sign at hearing)			
	and I agree to the other parent's adoption of the child.					
	Date:					
	Type or print your name	Signature of Ador	oting Parent (sign at hearing)			
	Type of print your name	Signature of Maop	ung Parem (sign ai nearing)			
6	For stepparent/domestic partner adoptions only: If you are the legal parent of the child listed in ②, read and sign below:					
	I am the legal parent of the child and the spouse or state in 1, and I agree to his or her adoption of my child.	e-registered domesti	c partner of the adopting parent listed			
	Date:					
		<u> </u>	l Parent (sign at hearing)			
	Type or print your name	Signature of Lega	l Parent (sign at hearing)			
7	Executed:					
	Date:		100			
		Judge (or Judicial	t Officer)			

ADOPT-215 Adoption Order	Clerk stamps date here when form is filed.
Your names (adopting parents): a b Relationship to child: Your address (skip this if you have a lawyer): Street: City: State: Zip: Your phone number: () Your lawyer (if you have one): (Name, address, phone number, and State Bar number):	Fill in court name and street address:
2) Child's name after adoption:	Fill in case number:
Date of birth: Age: City: Country:	Case Number:
3 Name of adoption agency:	
☐ Adopting parents ☐ Lawyer for adopting parents ☐ Child ☐ Child's lawyer ☐ Parent keeping parental rights (stepparent/state-registered domest ☐ Other people present (list name and relationship to child): a	ic partner name):
and relationships to child. Judge will fill out section	below.
The judge finds that the child (check all that apply): a. Is 12 or older and agrees to the adoption. b. Is under 12.	
The judge has reviewed the report and other documents and evidence a. Is at least 10 years older than the child b. Will treat the child as his or her own c. Will support and care for the child	e home for the child and

		Case Number:
ur name:		
☐ The adopting before adoption b	tive adoption petitioned under Family Code solutive The child, who is 12 or older have listed on this order under section 8714.5(g) before adoption was:	as requested that the child's name
		meets the placement requirements of the preference to these adopting parents. The clerk wil
0 0 11	es the Contact After Adoption Agreement (AI As amended on ADOPT-310	DOPT-310)
The child's name after	ne adoption is in the child's best interest and over adoption will be: and the child are now parent and child under	-
parent-child relations		6
Date:	Judge (or Judicial Officer)
	Clerk will fill out section	
I am not a party to the ☐ ADOPT-200, Add ☐ ADOPT-215, Add ☐ ADOPT-220, Add	an Indian child, the Clerk certifies: ais adoption. I placed a filed copy of (check al appropriate option Request	ll that apply):
For the adoption of a I am not a party to the ADOPT-200, Add ADOPT-215, Add ADOPT-220, Add ADOPT-310, Coolin a sealed envelope, Chief, Divis Bureau of It 1849 C Stre Mail Stop 3 Washington	an Indian child, the Clerk certifies: ais adoption. I placed a filed copy of (check al option Request coption Order coption of Indian Child antact After Adoption Agreement marked "Confidential," and addressed to: sion of Social Services andian Affairs set, NW	ll that apply):
For the adoption of a I am not a party to the ADOPT-200, Add ADOPT-215, Add ADOPT-220, Add ADOPT-310, Coolin a sealed envelope, Chief, Divis Bureau of It 1849 C Stre Mail Stop 3 Washington The envelope was ma	an Indian child, the Clerk certifies: ais adoption. I placed a filed copy of (check all option Request option Order option of Indian Child option of Indian Child option of Indian Child option of Social Services and an Affairs set, NW 10-SIB and DC 20240 ailed, with full postage, by U.S. mail from:	ll that apply): on (date):

ADOPT-230 Adoption Expenses

domestic partner'	g your stepchild or your schild, do not fill out this form.		
	ring parent(s)):		
Relationship to child	l:	_	
Your address (skip this	if you have a lawyer):		
	0 77	Court name and street add	ress:
•	State: Zip:)	Suberior Court of Calli	fornia, County of
Your lawyer (if you hat	ve one): (Name, address, phone #, and State Bar #):	_	
Name of child after		Case Number:	
List services you obtain	ined related to the adoption of the child listed		
in 2.	Name and Address of Service Provider	How Much Paid or Value of Service	Payment Date
in 2 .	Name and Address of		Payment Date
in 2 . Service a. Hospital	Name and Address of Service Provider	Value of Service	Payment Date
in ②. Service	Name and Address of Service Provider	Value of Service \$	
in ②. Service a. Hospital b. Prenatal care	Name and Address of Service Provider	Value of Service	
in ②. Service a. Hospital b. Prenatal care c. Legal fees	Name and Address of Service Provider	Value of Service	

Clerk stamps below when form is filed.

Service	Name and Address of Service Provider	How Much Paid or Value of Service	Payment 1
g. Counseling	fees	\$	
h. Adoption se	rvice	\$	
i. Pregnancy expenses		\$	
j. Court filing fingerprintin		\$	
k. Other		\$	
	e space, attach a sheet of paper and write "Ales attached: penalty of perjury under the laws of the	State of California that I have listed all	
(or anything of to adopt. I declar	value) that I have paid or agreed to pay, are under penalty of perjury under the lad correct, which means that if I lie on thi	ws of the State of California that the in	to the child I
(or anything of to adopt. I declar	value) that I have paid or agreed to pay, are under penalty of perjury under the lad correct, which means that if I lie on thi	ws of the State of California that the ins form, I am guilty of a crime.	to the child I
(or anything of to adopt. I declar form is true and	value) that I have paid or agreed to pay, are under penalty of perjury under the la	ws of the State of California that the in	to the child I

Case Number:

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF _____

In the Matter of the Petition of Petitioner(s)		PARENTAL CONSENT TO ADOPTION (In California)	
I/we,	being the p	parent(s) of	(Gender: M F)
		Name of Child	
born on Date of Birth	in	Place of Birth	give my/our full and
free consent to the adoption of said chil	ld by		
and only if I/we have not waived my/ou	is consent only during Ir right to revoke the c	the thirty (30) day period beginning on the consent. I/we further understand that with ustody, services, and earnings of said chil	the signing of the order of
Signed in the presence of:			
SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Ado	ption Agency	DATE	
CDSS DISTRICT OFICE OR COUNTY OFFICE		SIGNATURE OF MOTHER	
ADDRESS		DATE	
		SIGNATURE OF FATHER	
TELEPHONE NUMBER		FULL ADDRESS	

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF _____

In the Matter of	the Petition of			
	Petitioner(s)		PARENTAL CONSENT TO ADOPTION (Outside California)	
I/we, be	eing the parent(s) of		Name of Minor Child	(Gender: M F
born on		in	Place of Birth	
	Date of Birth		Place of Birth	
give my/our full	and free consent to the a	adoption of said child	byName(s) of Petitioner	
		·	Name(s) of Petitioner	r(s)
and only if I/we	have not waived my/our	right to revoke the co	he thirty (30) day period beginning on the consent. I/we further understand that with stody, services, and earnings of said child	the signing of the order o
			DATE	
			SIGNATURE OF MOTHER	
			SIGNATURE OF MOTHER	
Signed in the preser	nce of:		DATE	
STATE OF			SIGNATURE OF FATHER	
	F		FULL ADDRESS	
Before me, _				, a Notary Publi
			scribed to the within instrument, and ackno	owledged that he/she/the
IN WITNESS	S WHEREOF, I have here	eunto set my hand and	d affixed my official seal on this	day c
		_, 20	NOTADY DUDI IO IN AND FOR CAUS COUR	TV AND CTATE
			NOTARY PUBLIC IN AND FOR SAID COUN	IY AND STATE
OLOMATURE OF REPRESEN	NTATIVE: CDSS or Delegated County Adopt			
SIGNATURE OF REPRESEN	NTATIVE: CDSS or Delegated County Adopt	ion Agency	NA	
CDSS DISTRICT OFFICE O	OR COUNTY OFFICE		My commission expires (Affix notar	
			(Allix flotal	iai staij
ADDRESS:				
TELEHPONE NUMBER:				

Original for Court Record Certified Copy for State Department of Social Services

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF_____

In the Matter of the Petition of	1
Petitioner	J

STEPPARENT ADOPTION

Consent to Adoption by Parent Retaining Custody

I, the undersigned, being the parent of				give my full and
-		Name of Mil	nor	
free consent to the adoption	of said child by			, who is
•	,	Name of Petition	ner (Stepparent)	
my husband/wife/domestic p	artner without relinquishing any c	of my rights, duties, oblig	ations as his/her parent, ar	d I respectfully ask
that the petition be granted.				
Said child was born on)	in		and is the child
	Date		City and State	
of		and		
Name	of Legal Parent		Name of Legal Pare	nt
Date	20			
			Signature of Pare	nt
Signed in the presence of				
*Title				

* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.

Original for Court Record

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF

In the Matter of the P	etition of	STEPPARENT	T ADOPTION
	}	Consent to Adoption by Giving Custody to or Domestic Partn	Husband or Wife
Petitioner			
I, the undersigned, be	ing the parent of		
do hereby give my full and f	free consent to the adoptio	on of said child by	ne of Child
	Name of Pet	titioner (Stepparent)	,
withdrawn except with cour	rt approval, and that with	the signing of the orde	of this document my consent may not be or of adoption by the court, I shall give up hild cannot be reclaimed by me.
Said child was born on _		inin	
	Date		City and State
and is the child of	Name of Birth Parent	and	
	Name of Birth Parent		Name of Birth Parent
DATE	20		
			Signature of Parent
			signature of Larent
Signed in the presence of			
*Title			

*The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: If you or your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.

This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, of other parent. Original for court record.

In the Superior Court of the State of California in and for the County of _____

In the Matter of the Petition of		STEPPARENT ADOPTION		
	C	Consent to Adoption by Parent Outside California Giving Custody to Husband or Vife or Domestic Partner of Other Parent		
Petitioner				
I, the undersigned, being the parent	of	do Name of Child		
hereby give my full and free consent to	the adoption of said chil			
	Name of Petitioner (Step	parent)		
the petitioner herein, it being fully unde	erstood by me that with	the signing of this document my consent may not		
be withdrawn except with court approve	ıl, and that with the sign	ning of the order of adoption by the court, I shall		
give up all my rights of custody, servic	es, and earnings of said	d child, and that said child cannot be reclaimed		
by me.				
Said child was born on	in	and is		
Dat	e	City and State and is		
the child ofName of Birth Parent	and	Name of Birth Parent		
Date				
		Signature of Parent		
STATE OF		•		
County of	<i>ss.</i>			
Before me,		, a Notary Public in and for said		
County and State, personally appeared		,		
known to me to be the person whose na	ne is subscribed to the v	within instrument, and acknowledged to me that		
he/she executed the same.				
IN WITNESS WHEREOF, I have here	unto set my hand and affi	ixed my official seal this day		
of, 2	0			
		Notary Public in and for said County and State		
		wotary Public in ana Jor said County and State		

NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION: If you or your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.

This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, of other parent. Original for court record.